

MAINTAINED FOR RECORD

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH		Registration District No. <u>125</u>		File No. <u>32402</u>
County <u>Cape</u>		Primary Registration District No. <u>3009</u>		Registered No. <u>228</u>
Township <u>Cape Girardeau Mo.</u>		City <u>Cape Girardeau Mo.</u> (No. <u>3, E. Mo. Hospital</u> )		St. <u></u> Ward <u></u>
2. FULL NAME <u>Norman S. Smith</u>				
(a) Residence, No. <u>219 So. Hanover</u> St. <u></u> Ward <u></u>				
(Usual place of abode)				
Length of residence in city or town where death occurred <u>1</u> yrs. <u>7</u> mos. <u>2</u> ds. How long in U. S., if of foreign birth? <u></u> yrs. <u></u> mos. <u></u> ds.				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-3-1932</u>				
7. AGE YEARS <u>19mo</u>	MONTHS <u>7</u>	DAYS <u>28</u>	If LESS than 1 day, <u></u> hrs. or <u></u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Child</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>			
	10. Date deceased last worked at this occupation (month and year) <u></u>			
11. Total time (years) spent in this occupation <u></u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>				
FATHER	13. NAME <u>Dr. Marvin Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Stella Staller</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salisburyville Mo.</u>			
17. INFORMANT <u>Mrs. Stella Smith 219 So. Hanover</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Memorial Park</u> DATE <u>Oct 13</u> 19 <u>33</u>				
19. UNDERTAKER <u>Wagners Funeral Home</u> (ADDRESS) <u>Cape Girardeau Mo.</u>				
20. FILED <u>10-3-</u> 19 <u>33</u> <u>ever</u> Registrar				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct-1</u> 19 <u>33</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 27</u> 19 <u>33</u> to <u>Oct 1</u> 19 <u>33</u>				
I last saw him alive on <u>Oct 1</u> 19 <u>33</u> Death is said to have occurred on the date stated above, at <u>5 P</u> m.				
The principal cause of death and related causes of importance were as follows:				
<u>Intussusception</u>				
<u>122P</u>				
<u>124P</u>				
Other contributory causes of importance:				
<u>Bronchopneumonia</u>				
Name of operation <u></u> Date of <u></u>				
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>				
23. If death was due to external causes (violence), fill in also the following:				
Accident, suicide, or homicide? <u></u> Date of injury <u></u> 19 <u></u>				
Where did injury occur? <u></u> (Specify city or town, county, and State)				
Specify whether injury occurred in industry, in home, or in public place.				
Manner of injury <u></u>				
Nature of injury <u></u>				
24. Was disease or injury in any way related to occupation of deceased? <u></u>				
If so, specify <u></u>				
(Signed) <u>H. Choelius</u> M. D.				
(Address) <u></u>				

